FORM D



03028784

DECENTE UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURRILES PURSUANT TO REGULATION SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
MB Number: Expires:	3235-0076
Ĕxpires:	May 31, 2002

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SEC USE ON	LY
Prefix	Serial -
DATE RECEIV	/ED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) THE COURTSIDE GRILLE, LLC
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: ☑ New Filing ☐ Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.) THE COURTSIDE GRILLE, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 5606 N. 50th STREET, TAMPA, FL 33610 (727) 423-2633
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
Brief Description of Business
Creation, ownership and management of a sports theme restaurant. AUG 11 2003
THOMSON FINANCIA!
Type of Business Organization
□ corporation □ limited partnership, already formed □ other (please specify):
□ business trust □ limited partnership, to be formed limited liability company
Actual or Estimated Date of Incorporation or Organization: Month Year
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unles exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays SEC 1972 7-00 a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if HEAVENRIDGE, DAVID	individual)				
Business or Residence Address	(Number	and Street, City, State,	Zip Code)		
5606 N. 50TH STREET,	TAMPA,	FL_33610_	<u> </u>		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply:] Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number	and Street, City, State,	Zip Code)		
(U:	se blank she	et, or copy and use addit	tional copies of this sheet	, as necessary.)	

				B. []	NFORM	ATION A	BOUT O	FFERIN	G			
1. Has t	he issuer s	old, or do	es the issu	er intend 1	to sell, to	non-accred	lited inves	tors in this	offering?	·		Yes No ⊠ □
		,	Ans	wer also i	n Append	ix, Colum	n 2, if filii	ng under U	LOE.			
2. What	is the min	imum inv	estment th	at will be	accepted f	rom any ii	ndividual?					100,000
3. Does	the offerin	ng permit j	oint owne	rship of a	single uni	1?					· · • • • • • • •	Yes No. · ⊠ □
sion o to be list th	or similar re listed is ar	emuneration associate the broke	on for solic d person o r or dealer	itation of portage of the second of the seco	purchasers `a broker (than five (in connect or dealer r 5) persons	ion with sa egistered v to be liste	ales of secu with the SE ed are asso	rities in th C and/or	e offering. with a stat	ny commis If a persone or states the a broker	1
Full Name	(Last nam	e first, if	individual)								
		N/A	•									
Business o	r Residenc	e Address	(Number	and Street	, City, Sta	ite, Zip Co	de)					
Name of A	ssociated	Broker or	Dealer									
States in W	Vhich Pers	on Listed	Has Solici	ted or Inte	ends to So	licit Purch	asers					
(Check "	'All States'	or check	individual	States)								☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID] -
	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[sc]	[SD]	[TN]	[TX]	[UI]	[VI]	[VA]	[WA]	[wv.]	[WI]	[WY]	[PR]
Full Name		e first, if	individual)								
		ŕ		,								
Business of	r Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)	· · · · · · · · · · · · · · · · · · ·				
77 6.4			D 1									
Name of A	ssociated	Broker or	Dealer									
States in W	Vhich Pers	on Listed	Has Solici	ted or Inte	ends to So	licit Purch	asers					
(Check "	'All States'	or check	individual	States)							[☐ All States
	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]		[ID]
[L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if	individual)								
Business of	r Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)		<u> </u>			
					· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·	
Name of A	ssociated l	Broker or	Dealer									
States in W	Vhich Pers	on Listed	Has Šolici	ted or Inte	ends to Sol	icit Purch	asers					
(Check "	'All States'	or check	individual	States)								□ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	_	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS ·1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security Offerin	g Price		Sold
Debt		s	0
Equity		s	0
☐ Common ☐ Preferred			
Convertible Securities (including warrants)		s	0
Partnership Interests\$			
Other (Specify Limited Liability Company) Interest \$1,500	,000	s	0
Total \$1,500	,000	s	0
Answer also in Appendix, Column 3, if filing under ULOE.			
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Num		Dol	ggregate - lar Amount
Inves			Purchases
Accredited Investors			
Non-accredited Investors			
Total (for filings under Rule 504 only))	s	0
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	of	Dolla	r Amount : Sold
· · · · · · · · · · · · · · · · · · ·)	ς	
Regulation A			
Rule 504			
		- 5	0
Total			
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure)		
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a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees	0	ssssssss	0 2.500
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs	0	sssssssssss_	0 .500 .000
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees	0	\$	0 .500

Aggregate

..... s <u>50,000</u>

Amount Already

2.

3.

4.

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O)F PROCEEDS		
,	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		s <u>l,</u>	480,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	l		
		Payments to Officers, Directors, & Affiliates	Pε	ayments To Others
	Salaries and fees			
	Purchase of real estate	00	□ s	0
	Purchase, rental or leasing and installation of machinery and equipment	0	□ s	00
	Construction or leasing of plant buildings and facilities	0	□ s <u>l</u> ,	000,000
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	0	□ s_	0
	Repayment of indebtedness	00	□ s_	0
	Working capital	0	□ s _	450,000
	Other (specify):	.0	□ s	00
		0	□ s	0
	Column Totals			
	Total Payments Listed (column totals added)	□ \$1,4	150,000	<u>) </u>
	D. FEDERAL SIGNATURE			
\$155°.				
fo	he issuer has duly caused this notice to be signed by the undersigned duly authorized person. If the bllowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exquest of its staff, the information furnished by the issuer to any non-accredited investor pursuant t	change Commis	sion, upo	n written re-
	Ssuer (Print or Type) HE COURSIDE GRILLE, LLC Signature 4	Date	10/0	 3
N	ame of Signer (Print or Type) Title of Signer (Print or Type)			
MI	ICHAEL T. CRONIN Cousel to Issuer authorized to pehalf of Issuer	o execute		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions See Appendix, Column 5, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice of Form D (17 CFR 239.500) at such times as required by state law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.
 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice of Form D (17 CFR 239.500) at such times as required by state law. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the
 Form D (17 CFR 239.500) at such times as required by state law. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by th issuer to offerees. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the
 issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniforn limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the
limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availabilit of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the
· · · · · · · · · · · · · · · · · · ·
Issuer (Print or Type) Signature Date
THE COURTSIDE GRILLE, LIC MARY TO 877/63
Name (Print or Type) Title (Print or Type)
Counsel to Issuer authorized to execute

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			5
	to non-a	to sell accredited in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item I)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK								<u></u>	i i
AZ									
AR					·				
CA							,,		
со									
СТ					·		·		
DE									
DC					·				
FL	X		LLC Interest \$1,500,000	0	0.	0	0	-	Х
GA									
HI								ļ	
ID								ļ	1
IL									
ĪN_									
IA									
KS				·	·	· .	·		
KY									
LA									
ME									
MD									
MA	<u> </u>								
MI			0					<u> </u>	
MN		-							
MS									
МО									

APPENDIX

1		2	3			4		I .	5		
	to non-a	I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item l)	Nanhand	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Iteml)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
State MT	163	110	:	Investors	Amount	Investors	Amount	168	No		
NE											
NV											
NH			,								
NJ											
NM					· · · · · · · · · · · · · · · · · · ·						
NY											
NC											
ND		-									
ОН									-		
OK											
OR											
PA											
RI											
SC				`							
SD											
TN					·						
TX											
UT											
VT											
VA											
WA				•							
WV											
WI											
WY											
PR											